

AUDIO / TRANSCRIPT ORDER

1. ORDER REQUEST: <input type="checkbox"/> AUDIO <input checked="" type="checkbox"/> TRANSCRIPT		2. DATE OF ORDER: June 26, 2025			
3. NAME: Michael P. Aigen		4. PHONE NUMBER: 214-560-2207		5. EMAIL ADDRESS: michael.aigen@stinson.com	
6. MAILING ADDRESS: STINSON LLP 2200 Ross Avenue, Suite 2900		7. CITY: Dallas		8. STATE: Texas	9. ZIP CODE: 75201
10. CASE NUMBER: 19-34054-sgj11	11. CASE NAME: Highland Capital Mgmt v.	12. JUDICIAL OFFICIAL:		13. DATE OF PROCEEDING: FROM: 06 / 25 / 2025	
14. ORDER: ORDINARY 7 DAY EXPEDITED DAILY HOURLY A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 14 DAY EXPEDITED 3 DAY EXPEDITED <input type="checkbox"/> <input type="checkbox"/>					
15. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):					
PORTION(S)					
<input checked="" type="checkbox"/> Entire Hearing					
<input type="checkbox"/> Court Ruling					
<input type="checkbox"/> Witness Testimony					
<input type="checkbox"/> Other: (Specify)					
CERTIFICATION By signing 16. & 17, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).			16. SIGNATURE: /s/Michael P. Aigen		
			17. DATE: 6/27/2025		